

FORM MO-1



MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES
PO BOX 893, 1320 CREEK TRAIL DRIVE, JEFFERSON CITY, MO 65102-0893

PHONE: 573-751-3358
FAX: 573-522-6708

APPLICATION TO OPERATE IN INTRASTATE COMMERCE

SECTION I: TYPE OF REQUEST (SEE INSTRUCTION SHEET FOR DEFINITION OF TERMS AND REQUIREMENTS.)

A. APPLICANT REQUESTS APPROVAL FOR

- ☐ ISSUANCE OF NEW AUTHORITY ☐ ISSUANCE OF ENLARGED AUTHORITY TO:
- ☐ 1. Transport **PROPERTY** (Except Household Goods or Passengers) for all points within Missouri (**Complete only Pages 1 and 2 of this application.**)
- ☐ 2. Transport **Household Goods** within Missouri and ☐ Temporary Authority (Urgent need must be shown before temporary authority granted.)
- ☐ 3. Transport **Passengers Other Than In Charter Service** and ☐ Temporary Authority (Urgent need must be shown before temporary authority granted.)
- ☐ 4. Transport **Passengers in Charter Service** for all points within Missouri
- ☐ 5. Transport **Passengers Other Than In Charter Service As A Not For Profit Corporation**

B. APPLICANT DESIRES TO OPERATE AS A (DO NOT COMPLETE IF A.1 IS CHECKED ABOVE)

- ☐ 1. Common Carrier (Haul for the general public.)
- ☐ 2. Contract Carrier (Haul for specific company(s) under a continuing contract and not hauling for the general public. **Attach contract(s).**)

C. APPLICANT REQUESTS MODOT TO APPROVE A TRANSFER OF (CHECK ALL THAT APPLY)

- ☐ 1. All Intrastate authority or
- ☐ 2. Portion of Intrastate Authority (**Attach Exhibit A** with a description of the authority to be transferred.)
- ☐ 3. FMCSA Interstate Registration (**Attach copy of most recent re-entitlement.**)
- ☐ 4. Exempt Interstate Permit

FROM (SELLER USDOT NUMBER)	SELLER NAME
----------------------------	-------------

SECTION 2. GENERAL INFORMATION

USDOT NUMBER	FMCSA NUMBER MC -	FEIN NUMBER	SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE OWNER)
--------------	----------------------	-------------	--

APPLICANT NAME

APPLICANT WILL BE DOING BUSINESS UNDER THE FOLLOWING NAME (D/B/A)

PRINCIPAL PLACE OF BUSINESS ADDRESS (NO P.O. BOX) MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)

STREET			STREET		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

MISSOURI TERMINAL ADDRESS, IF ANY

STREET			TELEPHONE NUMBERS		
			BUSINESS		FAX NUMBER
CITY	STATE	ZIP CODE	E-MAIL OR INTERNET ADDRESS, IF ANY		

SECTION 3. FORM OF BUSINESS

A. APPLICANT IS A	DATE ORGANIZED/INCORPORATED	MISSOURI REGISTRATION NUMBER
<input type="checkbox"/> Sole Proprietorship		
<input type="checkbox"/> Partnership		
<input type="checkbox"/> Limited Partnership (LP)		
<input type="checkbox"/> Corporation		
<input type="checkbox"/> Limited Liability Company (LLC)		
<input type="checkbox"/> Limited Liability Limited Partnership (LLP)		

B. IF YOUR COMPANY IS ORGANIZED OUTSIDE OF MISSOURI, WHAT IS STATE OF ORIGIN?

C. NAME OF COMPANY OFFICERS OR PARTNERS (PLEASE PRINT)

NAME	TITLE

SECTION 4. PUBLIC LIABILITY SECURITY

Applicant is required to file proof of insurance to the limits of liability as required by law. See instruction sheet for more details.

SECTION 5. REGISTERED AGENT FOR SERVICE OF PROCESS IN MISSOURI (YOU MUST CHECK AND COMPLETE ONE.)

The applicant hereby designates as agent for service of process in Missouri as follows:

- ☐ I/we hereby designate the following as my/our agent for service of process:
Name and Address: _____
- ☐ I/we hereby designate Missouri Highways and Transportation Commission, 105 West Capitol Avenue, Jefferson City, MO 65102 as my/our agent for service of process in Missouri.

SECTION 6. FEES (NOT REQUIRED FOR APPLICATIONS FILED BY NOT FOR PROFIT CORPORATIONS)

- ☐ Applicant has enclosed \$10.00 per vehicle for _____ number of door decals or _____ number of **window decals** (for **passenger service only** with 6-12 passenger capacity). (See instructions for method of payment.)
- ☐ The applicant has already purchased current year regulatory sticker(s)/stamp(s) with the serial number(s) of: _____
- ☐ The \$10.00 per vehicle fee has been paid to the State of Missouri under the Single State Registration System (SSRS) program.

SECTION 7. SAFETY FITNESS

Indicate below if your company has a safety rating:

- ☐ Not Rated (If your principal business state is not Missouri, a satisfactory rating must be issued by your state and a copy mailed to our agency.)
- ☐ Safety Rated - Date: ____ / ____ / ____ Rating: _____ (Attach copy of rating issued.)

SECTION 8. HAZARDOUS MATERIALS

- ☐ Applicant will **not be transporting hazardous materials** as defined in Title 49 Code of Federal Regulations
- ☐ Applicant **will transport hazardous materials** requiring:
- ☐ \$1 million in Public Liability & Property Damage in accordance with 4CSR 265-10.030; OR
- ☐ \$5 million in Public Liability & Property Damage in accordance with 4CSR 265-10.030.
- Applicant desires to transport the following hazard classes/divisions: **(Check all that apply)**
- ☐ **CLASS 1 EXPLOSIVES;**
- ☐ Division 1.1 Explosives that have a Mass Explosion Hazard;
- ☐ Division 1.2 Explosive that have a Projection Hazard;
- ☐ Division 1.3 Explosives that have a Fire Hazard and Either a Minor Blast Hazard or a Minor Projection Hazard or Both;
- ☐ Division 1.4 Explosive Devices that Present a Minor Blast Hazard;
- ☐ Division 1.5 Very Insensitive Explosives;
- ☐ Division 1.6 Extremely Insensitive Detonating Substances;
- ☐ **CLASS 2 GASES;**
- ☐ Division 2.1 Gases that are Flammable;
- ☐ Division 2.2 Gases that are Non-flammable and Compressed;
- ☐ Division 2.3 Gases that are Poisonous;
- ☐ **CLASS 3 FLAMMABLE AND COMBUSTIBLE LIQUIDS;**
- ☐ **CLASS 4 FLAMMABLE SOLIDS;**
- ☐ Division 4.1 Solids that are Flammable;
- ☐ Division 4.2 Material that is Spontaneously Combustible;
- ☐ Division 4.3 Material that is Dangerous When Wet;
- ☐ **CLASS 5 OXIDIZERS AND ORGANIC PEROXIDES;**
- ☐ Division 5.1 Oxidizers;
- ☐ Division 5.2 Organic Peroxides;
- ☐ **CLASS 6 POISONS;**
- ☐ Division 6.1 Material that is Poisonous (PG 1, Inhalation Hazard Only);
- ☐ Division 6.1 Material that is Poisonous (PG1 or II Other than PG 1 Inhalation Hazard);
- ☐ Division 6.1 Material that is Poisonous (PG III, Keep Away From Food);
- ☐ Division 6.2 Material that is an Infectious Substance (Etiologic Agent);
- ☐ **CLASS 7 RADIOACTIVE MATERIALS;**
- ☐ **CLASS 8 CORROSIVES;**
- ☐ **CLASS 9 MISCELLANEOUS;**
- ☐ **ORM-D** (Other Regulated Materials).

SECTION 9. SIGNATURE (AN ATTORNEY IS NOT REQUIRED TO SIGN THE APPLICATION ON BEHALF OF A CORPORATION.)

Applicant by signing below agrees to comply with all Federal and State safety laws and regulations before the permit, certificate or property carrier registration has been issued and before the applicant commences for-hire motor carrier movements. The applicant by signature on and/or delivery of this application to Motor Carrier Services (MoDOT) consents on behalf of itself, its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to the applicant's safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws. Under penalty of perjury under the laws of the State of Missouri and the United States of America, the information in this application or attached hereto is true and correct, that I am authorized to sign this Application on behalf of the Applicant and that the signature below is my own true and correct signature made by me or my legal representative and by no other person.

APPLICANT(S) OR ATTORNEY NAME PRINTED	APPLICANT(S) OR ATTORNEY SIGNATURE	TITLE	DATE
IF ATTORNEY SIGNED ON BEHALF OF APPLICANT ABOVE, LIST ADDRESS			ATTORNEY'S MISSOURI BAR NO.
TRANSFEROR(S) (SELLER) NAME PRINTED	TRANSFEROR(S) SIGNATURE	TITLE	DATE

SECTION 10. SERVICE AREA/AUTHORITY (COMPLETE THIS SECTION ONLY FOR HOUSEHOLD GOODS OR PASSENGER SERVICE OTHER THAN CHARTER)

☐ **Irregular Route Service:**

☐ **Regular Route Service:**

From: _____ To: _____ ☐ and Return

☐ Elderly;☐ Handicapped:☐ Preschool disadvantaged children transported for the purpose of participating in the federal Head Start Program; or

SECTION 11. LIST OF APPLICANT'S EQUIPMENT TO BE USED

[illegible]

SECTION 12. STATEMENT OF RATES TO BE CHARGED – ATTACH AS EXHIBIT 12-A.

Other than charter authority where the carrier does not have interstate authority and household goods authority, **will require a formal statement of rates (tariff) to be filed before the authority will be granted.**

SECTION 13. FINANCIAL FITNESS (THIS SECTION IS NOT REQUIRED FOR APPLICATIONS FILED FOR OTHER THAN CHARTER AUTHORITY BY NOT FOR PROFIT CORPORATIONS AND CHARTER APPLICATIONS WHERE THE APPLICANT OWNS ONLY EQUIPMENT WITH CAPACITY OF 16 PASSENGERS OR MORE.)

If Applicant is an **individual**, complete columns A and B. If you are a wage earner only, check the box below and you will not be required to provide income and expense information.

If Applicant is a **partnership**, complete columns A, B and D for the partnership. In addition, complete a balance sheet (Lines 1 through 16) for each partner. Copy this sheet as needed.

If Applicant is a **corporation or limited liability company**, complete all columns A through D.

☐ **Applicant does not intent to acquire any additional assets or liabilities if this authority is granted in order to provide the proposed service. Pro Forma statement in column (D) is not required.**

	(A) For year ending (Month/Year)	(B) For year ending (Month/Year)	(C) Current Year ending (Month/Year)	(D) Pro Forma ending (Month/Year)
1. Cash in checking and savings account	\$	\$	\$	\$
2. Amounts due from others (notes or accounts receivables)				
3. Prepaid insurance, taxes or other payments				
4. Cost of materials and supplies on hand				
5. Trucks, trailers (or buses) and other equipment				
6. Other property				
7. Accumulated Depreciation on assets shown on Lines 5 & 6	()	()	()	()
8. Other assets				
9. Total Assets (Add Lines 1 - 8)	\$	\$	\$	\$
10. Amount due others in 1 year (notes, accounts payable, other debts)	\$	\$	\$	\$
11. Amount due after 1 year (notes or other debts)				
12. Other liabilities				
13. Capital Stock (Corporations only)				
14. Retained Earnings or Other Capital (Corporations only)				
15. Net Worth-Partners or Individuals				
16. Total Liabilities and Equity (Add Lines 10 - 15)	\$	\$	\$	\$

☐ **WAGE EARNER ONLY (IF CHECKED, DO NOT COMPLETE LINES 1 THROUGH 21 BELOW)**

1. Sales or revenue received	\$	\$	\$	
2. Less cost of good sold	()	()	()	
3. Net Sales or Total Revenue (Line 1 less Line 2)	\$	\$	\$	
4. Officers & management salaries & fringes				
5. Other salaries and fringe benefits				
6. Fuel & Oil				
7. Equipment repairs				
8. Office & other expenses				
9. Operating taxes licenses				
10. Insurance				
11. Utilities and telephone				
12. Depreciation				
13. Rent paid for lease of operating equipment				
14. Rent paid for building and office equipment				
15. Legal and professional services				
16. Total Expenses (Add Lines 4 through 15)	\$	\$	\$	
17. Net Operating Revenue (Line 3 less Line 16)	\$	\$	\$	
18. Other income or expense	\$	\$	\$	
19. Mortgage or other interest expense				
20. Gain (or loss) on sale of assets				
21. Net Income (or Loss)	\$	\$	\$	